FILING DATE **CLAIMS ONLY** CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. **—** TOTAL IND. TOTAL IND. **"**I TOTAL DEP. 4D TOTAL DEP. * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FILING DATE SERIAL NO. 1087 APPLICANTISI MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 101 51 102 1 52 103 1 53 104 1 54 105 1 55 06 1 56 107 1 57 108 58 109 1 59 110 1 60 111 61 62 112 13 63 64 114 115 1 65 16 1 66 1 17 (68 1 18 1 19 1 69 20 1 70 21 1 22 23 73 124 74 25 **1** 75 126 76 27 **1** 77 28 78 129 (79 **j** 30 80 31 81 (32 [82 1 83 1 33 84 134 135 85 136 **|** 86 137 (87 88 38 1 89 1 39 140 (90 191 41 (92 (42 193 43 194 144 195 45 **46** _(96 197 147 ₹48 198 [49 199 150 **J**00 TOTAL TOTAL TOTAL DEP. TOTAL DEP. 46

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